

**Poverty Initiative
Health Action Team
Action Grid**

5 Goals 1.26.09

Name Chair:

Attach list of participants and contact Info

Name of action	Description of action (1-2 sentences)	How will this action reduce poverty in Nashville? (1-2 sentences)	What will be the change that occurs if this action is taken? (1-2 sentences)	Why is this a doable action at this time?* (see 3 questions below) (1-2 sentences)	Would this action take 1 year, 2 years, or 3 or more years to do?	Others to include/initiatives
1. Improve prevention through community FRC / School based prevention initiative with partnerships.	Early screening of health issues. Target specific health issues (tobacco, obesity, etc.)	Prevent costly health care issues / illness.	Number of screenings and referrals. Change in obesity, or other indicator chosen.	It is doable. Some of it already exists.	1-3 years	Metro Schools Coordinated School Health Mayor's Office Youth United Way FRC Director Alignment Nashville Vanderbilt Denominational Groups Churches
2. Inventory & disseminate information about programs & resources. (screening, prevention, primary and specialty)	Identify and inventory resources available. Work with advocacy services to help disseminated info to underserved. Create promotion and marketing plan.	Community can access care before it becomes more costly.	Information will be widely available and community will know of services.	Doable. How do we fund it? Volunteers	1 year	Health Assist TennCare Partner Adv Line United Way, 211, Doug Flu Latino Health Coalition (booklet) Southern Hills Hospital Nashville Alliance for Financial Independence Centennial Pediatrics

3. Increase access to specialty care to assure a continuum of care model. (dental, behavioral, addiction and chronic)	Increase access to the underserved by recruiting specialists in community to provide services.	Improving accessibility of care to treat health care issues before they negatively impact individual ability to obtain and maintain employment. Specify: Specialty Quantity Capacity	Increase number of specialists involved and those receiving specialty services. (CME or credits for work.)	Doable but there will be some resistance from providers.	2-3 years	Nashville Academy MDs Casey Dread (b2c+) Frank Boehm Inter-Faith Dental Siloam Meharry Schools Specialists Dental reps Behavioral Health Reps
4. Increase enrollment in insurance for qualified individuals.	Increase those who are covered by current insurance programs. (TennCare, Cover Kids, Medicare D,	Provides health care coverage for individuals who could not afford services, decreases out-of-pocket expenses and improves health.	Increase in number with insurance.	Doable	1-2 years	Health Assist TennCare Partners Adv Line, DHS, 50 Forward Park Center
5. Increase medication availability.	Affordable and accessible medication to the poor.	Decreases amount of out-of-pocket expenses. Assures that people have medications needed to manage health and avoid illness.	City-wide plan for medication access. More prescriptions received through programs.	Doable	1 year	Dispensary of Hope Health Dept McNeille, Pigot & Fox Safety Net MDs

***3-questions for determining do-ability:**

1. Are the people who control the necessary resources members of the action group? If not, do you have the influence in the Action Group to bring them in?
2. If policy changes are needed, do you have the influence in the Action Group to make those changes happen?
3. If there are individuals or groups that might block the action, do you have the influence to bring them on board?